

# STI

## **2021–2023 Progress Report**

Sexually Transmitted Infections National Strategic  
Plan for the United States, 2021–2025



# VISION

*The United States will be a place where sexually transmitted infections are prevented and where every person has high-quality STI prevention, care, and treatment while living free from stigma and discrimination.*

*This vision includes all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstance.*

# INTRODUCTION

This inaugural progress report provides a high-level overview of federal progress from fiscal years (FY) 2021 through 2023 on select action steps put forward in the [Sexually Transmitted Infections Federal Implementation Plan](#). The Federal Implementation Plan outlines federal agency commitments to programs, policies, research, and other activities during FY 2021–2025 to achieve the goals of the [Sexually Transmitted Infections National Strategic Plan for the United States, 2021–2025](#) (STI Plan), pursuant to their respective missions, funding, and resources.

The STI Plan is a groundbreaking, first-ever, 5-year plan that aims to reverse the recent dramatic rise in sexually transmitted infections (STIs) in the United States. It sets five goals and recommends more than 60 strategies to achieve the goals. A key feature of the STI Plan is the seven core and disparities indicators, with annual quantitative targets for each, to measure progress toward the goals.

This report includes the following information:

- At-a-glance table of overall progress on the indicators based on the most recent data
- Highlights of federal actions undertaken during FY 2021–2023
- Challenges and next steps
- Tables of each indicator and progress toward 2025 targets (Appendix A)



This report uses data reported by the Centers for Disease Control and Prevention (CDC). During 2020, the COVID-19 pandemic led to disruptions in STI-related prevention and care activities, including reduced screening during the initial shelter-in-place orders. STI program resources, including STI case investigations, were also redirected to COVID-19 activities. Because STIs often do not show symptoms, and screening is necessary for timely diagnosis and treatment, changes in access to sexual health care can affect the number of infections diagnosed and reported. The impact of these disruptions likely continued in 2021 and, as a result, STI surveillance data collected during 2020 and 2021 should be interpreted cautiously.

## THE STRATEGIC PLAN IS DESIGNED TO ACHIEVE FIVE GOALS:



**Goal 1:** Prevent New STIs



**Goal 2:** Improve the Health of People by Reducing Adverse Outcomes of STIs



**Goal 3:** Accelerate Progress in STI Research, Technology, and Innovation








**Goal 4:** Reduce STI-Related Health Disparities and Health Inequities

















**Goal 5:** Achieve Integrated, Coordinated Efforts That Address the STI Epidemic

# OVERALL PROGRESS ON NATIONAL STRATEGIC PLAN INDICATORS

The STI Plan established seven core indicators to measure progress on meeting its goals. Four of the core indicators are stratified to measure progress toward reducing disparities within priority populations. The indicators were selected to measure national progress on STI prevention and care based on the available data and in alignment with other national plans, for example, [Healthy People 2030](#). The table below presents overall progress for each indicator measure toward 2025 targets, based on the most recently available surveillance data from either 2021 or 2022. See detailed tables in Appendix A.

-  Met or exceeded current annual target
-  Moving **toward** annual target, but annual target was not fully met
-  Annual target met, but data is moving away from overall 2025 target
-  Annual target was not met and has not changed or moved **away** from annual target
-  Data not available

Indicator and Measure	Status
<b>Core Indicators</b>	
1. Increase the percentage of adolescents aged 13–17 years who receive the routinely recommended doses of human papillomavirus (HPV) vaccine to 80% by 2025	
2. Reduce primary and secondary syphilis (P&S) syphilis rate by 3% by 2025	
3. Reduce congenital syphilis rate by 15% by 2025	
4. Reduce gonorrhea rate by 2% by 2025	
5. Increase chlamydia screening in sexually active females aged 16–24 by 13% by 2025	
6. Reduce pelvic inflammatory disease (PID) in females aged 15–24 years by 6% by 2025	
7. Increase condom use at last sexual intercourse among sexually active high school students by 4% by 2025	
<b>Disparities Indicators</b>	
8. Reduce P&S syphilis rate in gay, bisexual, and other men who have sex with men (MSM)	
9. Reduce congenital syphilis rate among African Americans/Blacks	
10. Reduce congenital syphilis rate among American Indians/Alaska Natives	
11. Reduce congenital syphilis rate in the West	
12. Reduce gonorrhea rate among African Americans/Blacks	
13. Reduce gonorrhea rate in the South	
14. Increase condom use at last sexual encounter among sexually active MSM high school students	

# FEDERAL AGENCY ACTION HIGHLIGHTS

The [Sexually Transmitted Infections Federal Implementation Plan](#) outlines federal partners' (see Appendix B) commitments to policies, research, and other STI-related activities during FY 2021–2025 to meet the STI Plan's goals, pursuant to their respective missions, funding, and resources. This section provides high-level progress updates on select action steps by federal partners during FY 2021–2023. It does not provide a complete summary of all the actions detailed in the Federal Implementation Plan or others related to the STI Plan goals. A list of acronyms used throughout the document can be found in Appendix C.



## Goal 1: Prevent New STIs

### Agency Progress Update

#### ACF

- During 2021–2022, the Administration for Children and Families (ACF) funded 117 grant recipients and 416 program providers through the Personal Responsibility Education Program (PREP). Providers operated 434 programs serving 87,059 youth. At program entry, nearly one-third of high school-aged participants reported ever having sex, and 4% of youth reported ever having an STI. At program exit, half of high school-aged and older youth reported that they planned to abstain from sex for at least the next 3 months because of program participation. Among those who did not plan to abstain, 39% said being in the program made them less likely to have sex in the next 3 months and 64% said they were more likely to use condoms if having sex.
- During 2022–2023, PREP funded 96 grant recipients, 380 providers, 467 programs, and 1,514 facilitators and served 96,444 youth. Among participants who were high school age or older, 31% had had sex at any time before they started the program. Among the youth who had ever had sex, 11% had ever been pregnant or gotten someone pregnant before starting the program, and 31% reported using a condom all of the time in the three months before starting the program.



At the end of PREP programming, most youth who were high school age or older reported that participating in the program made them more likely to use condoms or birth control. Among youth high school age or older who did not plan to abstain from sex, **62% reported they were more or somewhat more likely to use a condom**, and **54% were much more or somewhat more likely to use birth control during sexual intercourse in the next 3 months**. Three percent of PREP participants who were high school age or older reported they had had an STI at any time before starting the program.

## Agency Progress Update

CDC



In 2021, the Division of STD Prevention (DSTDP) published the [2021 STI Treatment Guidelines](#), which updated the 2015 guidance and **provided a comprehensive guide to prevention, testing, and treatment of STIs.**

- Nineteen recipients (with 25 participating STI clinics) were awarded approximately \$11.6 million for an abbreviated final year of [PS20-2010, Ending the HIV Epidemic in the United States](#) (EHE) Component C (August 1, 2023–May 31, 2024). Since the inception of Component C, all 25 EHE-funded STI clinics can offer HIV testing at the time of patient visit, 84% can offer linkage to HIV pre-exposure prophylaxis (PrEP), and 80% can offer ongoing care for patients on PrEP.

Across the 25 EHE-funded STI clinics in the last 6 months of 2022:

- **Nearly 82,000 persons received services**
- **Nearly 63,000 persons were tested for HIV**
- **491 persons were newly diagnosed with HIV**
- **2,586 persons were prescribed PrEP**

- Through PS18-1807, Promoting Adolescent Health through School-Based HIV Prevention, funded school districts hosted wellness events and partnered with community entities to ensure appropriate testing and referral services. Through the program, more than 13,000 middle and high school students were tested for HIV, chlamydia, and pregnancy.
- The American Cancer Society, in partnership with the National HPV Vaccination Roundtable and the Indiana Immunization Coalition, launched a six-part, on-demand provider series to equip providers with HPV vaccination guidelines, science, and implementation strategies to increase vaccination rates.

CDC,  
HRSA,  
HUD

- In August 2022, CDC, HRSA, and HUD convened a Technical Expert Panel on ways to better serve people living with or vulnerable to HIV, including STIs, in non-HOPWA (Housing Opportunities for Persons With AIDS) HUD programs. The Executive Summary is available [here](#).
- CDC and HUD held a Housing and Sexual Health Roundtable at the White House in May 2023 with the goal of promoting and expanding the reach of innovative programs that address the intersection of housing and sexual health. The event produced numerous action items for CDC, HRSA, HUD, and the Office of Management and Budget.
- HUD's Public and Indian Housing and Community Planning and Development Divisions are actively working with CDC to develop a scope of work for a pilot program that is specifically aimed at the Youth Homeless Demonstration Project and Foster Youth Initiative programs.

DOD

- Navy Medicine provides HPV prevention resources, including a video on HPV vaccination, links for patients and providers regarding CDC recommendations, information sheets, and statistics on the disease and vaccine.
- Health.mil released a [Summer Safety](#) campaign, which highlights a video on the importance of STI prevention.
- A Health.mil article, [Ask the Doc: Should My Child Get the HPV Vaccine?](#), was published on September 30, 2023, providing information on HPV vaccination for children, the disease course, vaccination myths, and risks and benefits for parents' consideration.

## Agency Progress Update

### DOD *cont'd*

- The Army Public Health Center STI Brochure provides background on STI prevention, symptoms, and treatment, and additional resources and references.

### HRSA/ BPHC

- HRSA awarded Ending the HIV Epidemic - Primary Care HIV Prevention (PCHP) funding to health centers in FY 2020 (\$54 million), FY 2021 (\$102 million), FY 2022 (\$122 million), and FY 2023 (\$157 million). The purpose of PCHP is to expand HIV prevention services that decrease the risk of HIV transmission in underserved communities. PCHP activities extend to STIs including, but not limited to, patient and provider education as well as purchase of STI tests.

### IHS

- IHS is funding seven Ending the HIV Epidemic in Indian Country (ETHIC) grantees over 3 years, as well as a pilot program to eliminate hepatitis C virus, an expansion of the “I Want the Kit” self-testing program, and nine pharmacy sites to enhance pharmacist capacity in HIV/STI treatment.
- IHS is providing approximately \$2 million in funding from the Department of Health and Human Services (HHS) Minority HIV/AIDS Fund (MHAF) to support Tribal Epidemiology Centers as part of the Empowering Healthier Tribal Communities program to create community assessments and strategies to address STIs in American Indian/Alaska Native communities.

### OPA

- In 2023, OPA awarded \$91.5 million in new competitive funding to 53 organizations to replicate evidence-based programs and to 18 organizations to develop and test new and innovative approaches. All new projects are focused on preventing teen pregnancy and STIs, improving adolescent sexual health outcomes, and promoting positive youth development. These programs are expected to serve more than 200,000 adolescents each year.



Title X providers conduct STI testing and treatment services aligned with CDC's recommendations. **In 2022, 1,277,703 clients were tested for chlamydia; 1,501,331 for gonorrhea; 660,992 for syphilis; and 878,728 for HIV. The 2022 Family Planning Annual Report is available [here](#).**

### SAMHSA

- The Center for Substance Abuse Prevention awarded \$10.5 million for the Minority AIDS Initiative (MAI): Substance Use and Human Immunodeficiency Virus Prevention Navigator Program for Racial/Ethnic Minorities (i.e., Prevention Navigator) to fund 35 awardees. This program places emphasis on racial and ethnic minorities who identify as lesbian, gay, bisexual, transgender, queer/questioning, and intersex (LGBTQI+) people who are not in stable housing and/or reside in communities with high rates of substance use disorder (SUD), HIV, viral hepatitis (including hepatitis A, B, and C), and/or STIs.
- The Center for Substance Abuse Treatment awarded \$21.9 million for the MAI: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS (i.e., MAI—High Risk Populations) to fund 44 awardees. This program increases engagement in care for medically underserved individuals with SUDs and/or co-occurring SUDs and mental health conditions who are at risk for or living with HIV. Award recipients will take a syndemic approach to SUD, HIV, and viral hepatitis. The FY 2023 recipients (TI-23-008) introduced STI screening, testing, and referral to treatment services as an allowable activity for the first time under this grant program.

## Agency Progress Update

### SAMHSA *cont'd*

- The Center for Substance Abuse Treatment also awarded \$1.9 million for the MHAF: Integrated Behavioral Health and HIV Care for Unsheltered Populations Pilot Project (i.e., Portable Clinical Care Pilot Project) to fund three awardees. This pilot program provides comprehensive health care for medically underserved people experiencing unsheltered homelessness through the delivery of portable clinical care delivered out of the clinic and into the places where people in need of services are. The program is focused on the integration of behavioral health and HIV treatment and prevention services. This grant program includes testing for gonorrhea, chlamydia, and syphilis and providing treatment on site as needed as a required activity. The grant program also is the first SAMHSA-funded grant program that allows grant funds to be used for the purchase of STI treatment and includes the purchase and administration of HPV vaccine as an allowable expense.

### VA



**VA developed a sexual history resource toolkit, a “how to” complete a sexual history video, and an STI dashboard to increase services to veterans at increased risk for STIs. All items are located on VA’s internal STI SharePoint site and were shared with all VA staff.**

- VA also provides patient education on three-site STI self-collection as well as through the development of fact sheets on sexual health and infectious disease screening and vaccination.
- Subject matter experts collaborated with the VA Office of Women’s Health to recreate an efficient STI note template, which is the first step to improve metrics. This note template will be mandatory at all facilities to replace a previous long note template that was mandatory but not often used.
- VA partnered with the Office of Health Equity to create a Brief Nursing Sexual history reminder in FY 2022, which in FY 2023 was expanded to briefly screen all patients for injection drug use. iNet awarded this project to be implemented within five VA facilities in FY 2024.







## Goal 2: Improve the Health of People by Reducing Adverse Outcomes of STIs

### Agency Progress Update

#### CDC



CDC will [provide approximately \\$210 million in direct funding over 5 years, through 2026, to nearly 100 community-based organizations to implement comprehensive HIV prevention programs](#). Recipients can implement various integrated screening activities (e.g., screening for STIs, viral hepatitis, and/or tuberculosis), in conjunction with HIV testing. These resources are focused on Hispanic or Latino men who have sex with men, transgender people, and people who inject drugs.

- CDC awarded close to \$100 million annually to 59 state, local, and territorial health department sexually transmitted disease (STD) programs to implement and strengthen STI prevention and control.
- Data collection for the Network Epidemiology of Syphilis Transmission (NEST) project has concluded. Individual sites have authored multiple site-specific manuscripts using the data. In partnership with Columbus, OH, and Baltimore, MD, CDC is developing several multi-site analyses. The purpose of the project is to address knowledge gaps in syphilis transmission among men who have sex with men in the United States by exploring the role of sexual and social networks.

#### CDC, HRSA, HUD

- In April 2023, CDC, HRSA, and HUD [published a joint letter](#) that encouraged communities to take specific actions to prepare for and respond to HIV outbreaks among people experiencing homelessness and housing instability.

#### IHS

- The IHS Chief Medical Officer [issued guidance](#) for annual syphilis screening for people aged 13–64 to eliminate syphilis transmission by early case recognition. A national standardized indicator for syphilis screening has been created and will be monitored.
- IHS is testing an annual syphilis screening reminder for clinical decision support in its Electronic Health Record and standing orders for screening.
- Policy templates, express STI testing guidelines, and clinical updates are available [here](#).

#### VA

- During FY 2023, 40 smaller VA facilities were offered PrEP interviews, and staff were linked to subject matter experts at larger facilities in their Veterans Integrated Services Networks. In addition, pharmacists newly managing STI testing and PrEP at smaller facilities were linked to other pharmacists with established practices. From 2019 to 2022, PrEP prescriptions increased by nearly 57% from 3,850 to 6,028.



## Goal 3: Accelerate Progress in STI Research, Technology, and Innovation

### Agency Progress Update

#### CDC

- DSTDP awarded three FY 2022 Broad Agency Announcements (\$6.5 million) to innovate syphilis diagnostics. Contracts include (1) the development and validation of a point-of-care serologic test for screening and confirmation of active syphilis and the initiation of a clinical study at two clinical sites (September 2023); (2) development and validation of a point-of-care, multiplex fluorescent LAMP for direct detection of syphilis and the pre-market authorization studies; and (3) development of a direct molecular detection of *Treponema pallidum* using an antisense oligonucleotides directed redox assisted electrochemical biosensor chip.
- DSTDP awarded one FY 2023 Broad Agency Announcement (\$5.9 million) to develop an affordable, lateral flow assay for detection of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* (GC) in low-resource outreach and nonclinical settings.
- The CDC STD Laboratory Reference and Research Branch (SLRRB) is piloting an in house–developed GC antimicrobial resistance polymerase chain reaction assay with eight sites. SLRRB is also validating a *Mycoplasma genitalium* macrolide resistance assay.

SLRRB continues to partner with four Antimicrobial Resistance (AR) Regional Labs to support agar dilution testing of up to 20,000 specimens per year and whole genome sequencing of up to 6,000 specimens per year.

- In 2021–2022, as part of the GC surveillance projects, the four AR Regional Labs **performed more than 12,800 antimicrobial susceptibility tests (AST) and more than 7,400 whole genome sequencing tests, across 30 jurisdictions.**
- In addition, **16 jurisdictions brought on gradient strip AST** using funding provided through the Strengthening Healthcare-associated Infections (HAI)/AR Project.
- In the first year of the project, 8 out of 16 jurisdictions had implemented Clinical Laboratory Improvement Amendments (CLIA) gradient strip AST and had **tested a total of 746 GC isolates. Of those, four labs whole genome sequenced a total of 85 isolates.**

#### FDA

- The sole source supplier of Bicillin® L-A experienced increased demand that it has worked to meet. The FDA Center for Drug Evaluation and Research Drug Shortage Staff (DSS) has been in close communication with the supplier and continues to offer assistance, within its authority, to help with increasing supply. FDA exercised enforcement discretion for temporary importation and temporary use of Extencilline to mitigate the effects of the Bicillin® L-A drug shortage. Extencilline has been determined to be equivalent to Bicillin® L-A and is currently authorized and marketed in other countries.

## Agency Progress Update

### FDA *cont'd*

- In November 2023, the Center for Devices and Radiological Health (CDRH) granted marketing authorization for the first diagnostic test for chlamydia and gonorrhea with at-home sample collection. The Simple 2 Test will be available over the counter for patients over 18 years of age to collect vaginal swabs or urine specimens, as appropriate, at home and return samples to the designated laboratory for testing. Results are delivered online, with follow-up from a health care provider in cases of positive or invalid test results. Expanding availability of STI testing can help patients get quicker results and access to the most appropriate treatment, and thereby help reduce community transmission of STIs. In addition, as the first FDA-authorized test with at-home sample collection for chlamydia and gonorrhea, this device can help reduce existing disparities in access in STI testing by race, ethnicity, and geography. This action created a new regulatory classification, such that subsequent devices of the same type with the same intended use may go through FDA's 510(k) premarket process, which may help expedite consumer access to future diagnostic tests.
- In April 2021, CDC, FDA, and NIH convened a public virtual workshop titled "Development Considerations of Antimicrobial Drugs for the Treatment of Gonorrhea" to discuss the nonclinical and clinical pharmacology tools and clinical trial design considerations for drug development for the treatment of gonorrhea.
- Center of Biologics Evaluation and Research scientists are conducting research on biomarkers of HIV infection in PrEP and ART in high-risk and HIV-positive individuals. The goal of the research is to identify disease stage-specific, non-viral host biomarkers (non-coding RNAs) that would be useful as surrogate markers to identify HIV-1 infections in disease stages where viral markers are absent or undetectable by current HIV assays. This scenario is increasingly relevant at the present time because of nation-wide implementation of PrEP and ART regimens as part of the public health strategy to prevent HIV.
- During FY 2020–2022, FDA's Office of Women's Health funded "Impact of sex-based differences in the expression of host non-coding RNA biomarkers that can diagnose early HIV-1 infection." The Office's Intramural and Extramural Research Programs continue to solicit, review, and fund new projects on a wide variety of topics relevant to women including STIs.

### DOD



The Military Active Duty Reproductive + Sexual Health (MARSH) Research Program developed a new smartphone application, *Mission Wellness*, in 2021 to provide psychoeducation and promote healthy sexual and reproductive behaviors to reduce negative outcomes such as STIs, STI related cancers, and unintended pregnancies. **Initial pilot results are promising, with 98% of *Mission Wellness* smartphone application users reporting enhancement of their health and safety.**

### NIH

- In FY 2023, the National Institute of Allergy and Infectious Diseases (NIAID) funded five projects to increase understanding of the clinical history of gonorrhea, chlamydia, and syphilis. Improved understanding of the human immune response after infection may inform future vaccine and diagnostic development. For example, the Syphilis in Pregnancy Study is monitoring health outcomes and immune responses of pregnant people diagnosed with syphilis and their infants.

## Agency Progress Update

NIH  
cont'd



An NIAID-funded [study](#) found that **doxycycline prevented STIs when tested among men who have sex with men and transgender women. Doxy PEP resulted in a two-third's reduction in the incidence of syphilis, gonorrhea, and chlamydia.** The study provided critical data for CDC's doxy PEP guidance.

- NIAID awarded a contract in FY 2022 to support advanced development of an intranasal vaccine candidate to prevent gonorrhea. This contract may include manufacture of vaccine batches under Good Manufacturing Practices and nonclinical toxicology testing, with the goal of advancing to an investigational new drug submission and Phase 1 clinical trial. Promising in vivo results [were reported](#) in FY 2023.
- NIAID funds the STI Cooperative Research Centers to identify lead vaccine candidates for gonorrhea, chlamydia, and syphilis. In their pursuit of a syphilis vaccine, the Centers are investigating the structure of proteins on the outer membrane of *Treponema pallidum* as potential vaccine. NIAID plans to fund new Center awards in FY 2024.
- NIAID is collaborating with academia, industry, and DOD on a [study](#) to evaluate the efficacy of a licensed Group B meningococcal vaccine (Bexsero) in preventing gonorrhea. If found to be efficacious, this vaccine could be a helpful gonorrhea prevention tool because there are no currently existing licensed vaccines against gonorrhea. The study includes sites in the United States and Thailand.
- Multiple National Cancer Institute–sponsored clinical trials are investigating the efficacy of one dose of the HPV vaccine compared to the currently recommended two- or three-dose regimen. The Costa Rica HPV Vaccine Trial provided the original evidence that one dose may confer sufficient and lasting protection against HPV infection, and the ongoing trials will increase knowledge of vaccine efficacy and provide the evidence needed to inform vaccination policy.
- NIAID, the National Institute of Biomedical Imaging and Bioengineering (NIBIB), and the NIBIB-supported Point-of-Care Technologies Research Network provided support for the initial development of two FDA-approved STI diagnostic devices, capable of testing for chlamydia and gonorrhea and chlamydia, gonorrhea, and trichomoniasis, respectively, and delivering results in about 30 minutes.
- NIAID is supporting research on novel platforms to detect STIs, including a portable magnetofluidic platform for rapid multiplexed detection of STIs and an automated, scalable, and rapid antibiotic susceptibility testing system for gonorrhea.
- NIAID recently completed a study demonstrating that penicillin allergy testing could be performed in STI clinics to enable more patients to receive the most effective first-line treatments recommended for gonorrhea and syphilis.
- In November 2022, NIAID and CDC hosted a virtual workshop meant to define the U.S. and global burden and epidemiology of herpes simplex virus, and then identify gaps and research opportunities in vaccines, therapeutics, prevention, and diagnostics development.



In September 2023, NIH released its [Strategic Plan for Herpes Simplex Virus Research](#), which outlines an HSV research framework with **four strategic priorities: improving fundamental knowledge of HSV biology, pathogenesis, and epidemiology; accelerating research to improve HSV diagnosis; improving strategies to treat HSV while seeking a curative therapeutic; and advancing research to prevent HSV infection.**

## Agency Progress Update

NIH  
*cont'd*

- NIAID, through the Infectious Disease Clinical Research Program, is assessing gonococcal resistance to various antibiotics. NIAID is also assessing whether immunization with the *Neisseria meningitidis* vaccine prevents GC disease and developing a patient-reported outcome for urethritis STI.



## Goal 4: Reduce STI-Related Health Disparities and Health Inequities

## Agency Progress Update

CDC

- CDC issued the *Morbidity and Mortality Weekly Report* on [Missed Opportunities for Preventing Congenital Syphilis—United States, 2022](#). The report found a lack of timely testing and adequate treatment contributed to almost 90 percent of congenital syphilis cases in the United States, including substantial proportions of congenital syphilis cases in all U.S. Census Bureau regions and among all racial and ethnic groups.
- DSTDP established a collaborative effort with the National Center for Emerging and Zoonotic Infectious Diseases/Division of Global Migration and Quarantine and the National Center for Farmworker Health (NCFH) to provide STI training to community health workers from more than 40 farmworker-serving organizations, community clinics, and agricultural employer associations in the United States that comprise the NCFH's national network of local organizations serving farmworkers, as well as to clinicians from health centers and health departments.

DOD

- The “Deployment Readiness Education for Servicewomen” application is a mobile app developed to provide sex- and gender-specific information on STI prevention, treatment, contraception, and readiness specific to all stages of deployment.

FDA, NIH

- CDRH is working with assay manufacturers and NIH to expand the indications of the HPV molecular assays to allow patients to self-collect vaginal specimens which may help reduce health disparities in cervical cancer screening coverage by expanding testing access to unscreened/under-screened individuals who are currently not participating in routine screening.

HRSA

- HRSA partnered with CDC/DSTDP to deliver the “2021 CDC STI Guidelines Bootcamp: Where To Look and What To Do?” webinar. The objectives of this webinar were to inform health centers of the most recent STI trends with an emphasis on syphilis, gonorrhea, and chlamydia; how to implement the 2021 STI guidelines for treatment and care; and the importance of screening and treatment for extragenital gonorrhea and chlamydia.

## Agency Progress Update

### HRSA *cont'd*

- The HRSA Ryan White HIV/AIDS Program and Health Center Program supported a Special Projects of National Significance effort to implement four evidence-based interventions in nine clinics in three U.S. jurisdictions to increase the screening, testing, and treatment of bacterial STIs. A webinar presented the national findings and the experiences of two health centers (CareSouth Medical and Dental, Baton Rouge, LA, and Family Medical and Counseling Service, Washington, D.C.) in their implementation of the interventions, health care team acceptance, and client satisfaction with the interventions in routinizing STI screening and testing. The health centers also shared a toolkit to assist other programs in addressing STIs.
- BPHC and the Maternal and Child Health Bureau, in collaboration with the Title V MCH Program in the Division of Public and Behavioral Health at the Nevada Department of Health and Human Services and Texas Children's Hospital, held a webinar for clinicians and other health care providers to address congenital syphilis. The webinar provided an overview of congenital syphilis and explored challenges encountered in the care and treatment of congenital syphilis. In addition, there were discussions about the different care models and best practices when caring for patients with congenital syphilis.

---

### HUD



**HUD participated in the interagency Summer of Pride initiative in partnership with CDC, HRSA, and other federal agencies that identified Black or African American- and Hispanic or Latinx-led events to provide integrated, syndemic resources including housing, STI testing, mental health services, and mpox vaccines. HUD grantees joined the Jacksonville Black Pride event in July 2023.**

---

### NIH

- In FY 2023, NIAID funded five projects to increase understanding of the clinical history of gonorrhea, chlamydia, and syphilis. Improved understanding of the human immune response after infection may inform future vaccine and diagnostic development. For example, the Syphilis in Pregnancy Study is monitoring health outcomes and immune responses of pregnant people diagnosed with syphilis and their infants.

## FEDERAL ACTIVITIES TO ACHIEVE STI HEALTH EQUITY

Healthy People 2030 defines health equity as the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities. The following are examples of federal agency activities to advance health equity, particularly among populations most impacted by STIs:



- **ACF integrates youth with lived experience into program development and approaches to improve outcomes**, ensures that approaches are region- or location-specific and resonate with the needs of the population, and prioritizes integration of community health services into the provision of services to youth, because PrEP grant recipients are required to provide referrals to community behavioral and sexual health services.
- **CDC awarded a new cycle of recipients under the Community-Based Approaches to Reducing STIs (CARS) Initiative, which uses community engagement methods to achieve health equity.** By identifying and implementing systems and environmental change strategies that promote sexual health and support healthy behaviors, this initiative facilitates community-clinical linkages to support interventions to prevent and reduce STD disparities. The program seeks to enhance and sustain partnerships and support communication strategies that promote STD prevention activities.
- **DOD [continues to represent](#) a “healthy worker” population with no-cost access to complete preventive and primary care among service members**, including racial and ethnic groups and people aged 25 or younger, for maintenance of a medically ready force.
- **FDA’s Office of Minority Health and Health Equity published a [video series](#) on the positive impact of ART for HIV.**
- **HRSA/BPHC continued investments in health centers (i.e., funding support and technical assistance) to expand HIV and STI prevention/care services to communities that are medically underserved.** HRSA/BPHC has also increased focus on addressing social determinants of health and other external factors that influence patient health outcomes through collaborations with federal partners and community-based and social service organizations.
- **HUD’s overarching priority, as stated in its [FY 2022-2026 Strategic Plan](#), is increasing equity across all HUD programs.** This effort provides access to more priority populations to include in HUD’s action steps to implement the STI Plan.
- **NIH supports several equity-led efforts.** NIAID is supporting [research](#) on STIs in Native American populations, including (1) research to understand risk factors and population dynamics that promote transmission of STIs; (2) studies to improve detection, diagnosis, and treatment strategies of STIs; and (3) implementation of STI prevention strategies. NIAID is supporting hypothesis-generating [research](#) in transgender people with the objective of characterizing the biological and immunological impact of the interventions (e.g., hormones, drugs, and surgery) used for gender-affirming care and their impact on susceptibility to HIV and other STIs.



- **The HHS Office for Civil Rights (OCR) has participated in numerous stakeholder meetings across the country, including involving issues surrounding STIs and persons affected by STIs.** In addition, OCR has updated its civil rights complaint form to include sex, sexual orientation, and gender identity discrimination, as well as an option to include the complainant’s preferred pronoun.

- **On January 5, 2023, OCR published a notice of proposed rulemaking, “Safeguarding the Rights of Conscience as Protected by Federal Statutes,”** which, among other things, addressed access to care in federally funded programs and clarified the process for enforcing federal conscience laws, including those related to foreign assistance funds for HIV/AIDS prevention and treatment.

- **On May 9, 2024, OCR published a final rule, *Nondiscrimination on the Basis of Disability in Programs or Activities Receiving Federal Financial Assistance*,** which updated and amended the HHS regulations for Section 504 of the Rehabilitation Act. The rule would help ensure that people with disabilities, including those living with HIV and STIs, are not subjected to discrimination in any program or activity receiving funding from HHS.

- **On May 6, 2024, OCR issued a [Final Rule for Section 1557](#) of the Affordable Care Act, which aims to prevent discrimination in certain health programs or activities based on race, color, national origin, sex, age, or disability, which protects individuals living with STIs and HIV from unlawful discrimination.**



- **SAMHSA’s infectious disease programming is taking a syndemic approach to substance use disorder and HIV, viral hepatitis, and STIs.** [SAMHSA’s Strategic Plan 2023–2026](#), released in August 2023, includes integrating behavioral and physical health care as one of the agency’s five priority areas.



## Goal 5: Achieve Integrated, Coordinated Efforts That Address the STI Epidemic

### Agency Progress Update

#### CDC

- Since 2020, 11 jurisdictions have been participating in the STD Surveillance Network. Enhanced case investigations on a random sample of more than 54,000 gonorrhea cases reported from all provider settings have been investigated and complete information has been obtained for more than 20,000 on patient race and Hispanic or Latino ethnicity, sexual orientation and gender identity (SOGI), and HIV co-infection. These data enable representative estimates of these critical case characteristics, often missing in routine reporting, for all cases diagnosed and reported in these jurisdictions. All jurisdictions provide case notification data for nationally notifiable STIs to CDC through the National Notifiable Diseases Surveillance System (NNDSS) at least weekly. Case data are routinely reviewed to identify and address data quality issues. An STI case notification aberration detection tool for primary and secondary syphilis is being developed in collaboration with the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP) Epidemiologic and Economic Modeling Agreements (NEEMA).
- CDC awarded a total of \$12.5 million to 26 recipients to strengthen clinic infrastructure and expand access to comprehensive sexual health services in communities with high STI burden and unmet need for STI clinical services. This award was made through a new funding opportunity PS-23-0011: Enhancing STI and Sexual Health Clinic Infrastructure (ESSHCI). The first year of funding has been provided by the ongoing federal EHE initiative and supports opportunities for syndemic activities.

#### CMS/ HRSA

- HRSA developed and tested an electronic clinical quality measure (eCQM) for chlamydia, gonorrhea, and syphilis testing among people with HIV. CMS began using the eCQM in Medicare by adding it to the Merit-based Incentive Payment System (MIPS) measure inventory for calendar year (CY) 2024 performance period/2026 MIPS payment year and future years. CMS also adopted a MIPS Value Pathway for 2024 called "Prevention and Treatment of Infectious Disease Including Hepatitis C and HIV," which includes this measure. The eCQM was submitted to CMS and is under review for endorsement by the Consensus-based Entity.

#### DOD

- Same day walk-in contraception services, including STI testing and counseling associated with contraceptive care, are available at 130 designated military medical treatment facilities to encourage patients to receive their preferred and medically appropriate care.

#### HRSA/ BPHC



**The Uniform Data System (UDS) data modernization initiative will provide health centers with the ability to submit de-identified patient-level data (UDS+).** HRSA implemented a UDS+ interoperability pilot for the CY 2023 data collection cycle to test automating the reporting of de-identified patient-level data. Once UDS+ is fully implemented, data gleaned from recipient performance reporting will inform efforts to target activities for at-risk communities and populations served by recipient health centers.

## Agency Progress Update

---

### HRSA/ HAB

- A toolkit consisting of best practice guidelines, case studies, templates, and webinars is being developed for public health departments to promote data synchronization and informed data-driven decision-making. These materials can be used to guide future implementations of similar projects.
- 

### IHS



#### **IHS has held 39 Grand Rounds/TeleECHO sessions for 4,145 clinicians and 10 training sessions on syndemic topics for IHS staff.**

IHS, in consultation with Indian Country, released the National Indigenous HIV/AIDS Syndemic Strategy (sometimes called the Indigi-HAS), which encompasses HIV, STI, hepatitis C virus, social determinants of health, mental health, SUD, and socio/economic factors.

---

### OCR

- From FY 2021 to FY 2023, OCR has resolved 51 Health Insurance Portability and Accountability Act (HIPAA) Rules complaints with resolution agreements; issued seven separate guidance documents addressing health information privacy and COVID-19, vaccinations, telehealth, and reproductive health care; and resolved 5,870 additional investigations as part of its Right of Access Initiative. OCR created this initiative to support individuals' rights to timely access their health records at a reasonable cost under the HIPAA Privacy Rule.
- 

### VA

- A clinical reminder for chlamydia/gonorrhea screening demonstrated significant improvements with a nearly 50% increase from a baseline of 18% screened in 2021 to 27% screened as of August 2023.
  - The Veterans Health Administration LGBTQI+ Health Program is working to develop sexual health screening tools.
-

# CHALLENGES AND NEXT STEPS

Since the release of the STI Plan in 2020 and the companion STI Federal Implementation Plan in 2023, federal partners have come together to leverage existing resources, develop new partnerships, and identify innovative approaches to establish a more whole-of-government approach to prevent and control STIs in the United States. However, federal agencies have faced several challenges that have affected their ability to implement the STI Plan.

Nearly 1 year before President Biden declared an end to the COVID-19 pandemic, the first case of mpox was confirmed. As was the case throughout the COVID-19 pandemic, the mpox public health emergency called on the public health workforce, especially STI clinics, to redirect limited resources and staff to respond. **Strained health departments often served as frontline responders to diagnose, treat, and vaccinate against mpox, because the virus's symptoms mimic symptoms of some STIs. The redirection of resources during the COVID-19 and mpox responses impacted the delivery of routine STI screening, diagnosis, vaccination, treatment, and care, especially among populations and areas who are underserved and rely upon STI clinics as their primary source of care.**



Over the past two decades, the nation has observed a 46% reduction in per capita purchasing power toward the national STI infrastructure. Much welcomed [funds](#) from the American Rescue Plan Act of 2021 included a significant investment in the disease intervention specialist workforce. However, because of rescissions included within the Fiscal Responsibility Act of 2023, \$400 million from the last 2 years of the disease intervention specialist funds are no longer available to CDC-funded jurisdictions. These funds were slated for health departments and support for other projects that were to advance STI program, program science, and research. Further, \$60 million were rescinded from CDC, which would have been used to support innovation and research to increase the population-level impact of STI prevention and control through public health programs and to improve health equity for populations disproportionately affected by STIs.

Where federal funding is available, use of funds for STI services often faces limitations, such as an inability to purchase STI medication with federal funds. Siloed funding due to statute, regulations, and narrow-focused, mission-driven agencies also limits the innovative use of funds to implement syndemic approaches for interrelated conditions. These limitations then create significant barriers for on-the-ground programs in combining different funding sources to provide whole-person care, including sexual and reproductive wellness.

Additional challenges reported by federal agencies include a lack of resources, internally and externally, to support staff and to conduct work to address STIs, such as limitations on ability to collect and report timely patient-level data. Federal agencies also report a shortage of high-quality clinicians to provide timely access to STI testing and treatment. Persistent concerns involve limited treatments, such as antimicrobial resistance in treating gonorrhea. In response to rising syphilis rates, treatment shortages, and CDC's *Morbidity and Mortality Weekly Report* on [Missed Opportunities for Preventing Congenital Syphilis – United States, 2022](#), syphilis prevention has become a major HHS priority; however, no additional resources (e.g., funding and staffing) have been allocated to implement data-driven strategies and solutions. In addition, there is a shortage of essential STI field services, specifically impacting individuals facing difficulty accessing traditional “brick and mortar” STI services. Further, limited diagnostics and other prevention interventions contribute to the ongoing acquisition and transmission of STIs.

Further, a variety of state and local policies across the United States affects the delivery of STI prevention and care. Some of these policies include the availability of comprehensive sexual health education; access to confidential STI services, especially for youth; legal status of expedited partner therapy; and adoption and reimbursement of recommended STI screenings, including for syphilis throughout pregnancy.






Despite these challenges, federal agencies continue to adapt. They will continue to implement the activities outlined in the Federal Implementation Plan and modify activities to respond to the most recent data to reach established targets. The following are examples of continuing and planned federal partner activities:

- **ACF plans to provide training and technical assistance** to grant recipients that focuses on coalition- and community-building as well as support to identify additional non-school-based settings to reach adolescents with STI prevention education and to offer interventions such as Dating Matters that include parents.
- **CDC released [clinical guidelines on the use of doxy PEP](#)** for preventing chlamydia, gonorrhea, and syphilis.
- **DOD will continue to promote through different mediums (e.g., brochures, apps, videos, articles) safer sexual practices** and the use of military treatment facility services, such as walk-in contraception clinics, to receive STI testing and treatment associated with contraceptive services.
- **HRSA/BPHC plans to identify opportunities (e.g., clinical training and education, patient education and outreach, and workforce development) to implement STI prevention activities** in a broad range of health care delivery, education, and community-based settings through sharing innovative, evidence-based approaches (e.g., web, social media, BPHC Primary Health Care Digest, BPHC Bulletin) to health centers. It also plans to leverage future EHE funding to increase support for health centers to expand HIV prevention services, including HIV and STI care services coordination.
- **IHS will seek to identify options to enhance the workforce** with non-licensed health care workers such as community health aide practitioners and public health aides as well as expand implementation of STI screening and linkage to care, including prenatal care among pregnant people with SUD and other individuals who do not access primary care.
- **NIH is supporting the development of new and innovative on-demand, event-driven, and long-acting (systemic and non-systemic) Multipurpose Prevention Technologies for STI and HIV prevention** in cis and trans males and females of all ages; new therapeutics for treatment of gonococcal infections; and vaccines to prevent STIs; and has released a funding opportunity to promote research to rapidly move promising technologies for new syphilis diagnostics through the product development pipeline.
- **The Office of the Assistant Secretary for Health established the National Syphilis and Congenital Syphilis Syndemic Federal Task Force** to address the surge of syphilis and its impact on babies, pregnant people, and other disproportionately affected populations. The Task Force's mission is to leverage broad federal resources through a syndemic approach to reduce rates, promote health equity, and share resources with impacted communities.
- **OCR continues to conduct additional environment scans for awareness of potential concerns** impacting populations affected by STIs for which guidance and enforcement are appropriate.
- **SAMHSA established the Cross-SAMHSA workgroup on Infectious Disease**, which aims to bring together experts from across SAMHSA to brainstorm solutions, such as funding for STI treatment, actionable items by grant recipients, and potential technical assistance needs.








Although the federal government has continued to develop a more integrated and coordinated response to STIs, much work remains to slow the spread of STIs and achieve the goals of the STI Plan. The success of the STI Plan relies on the coordinated efforts and empowerment of individuals, communities, public health, health care, government, community-based organizations, educational institutions, researchers, private industry, academia, and others to continue to develop, enhance, and expand STI prevention and care programs at the local, state, tribal, and national levels.

# APPENDIX A: INDICATOR TABLES

Table A1 and Table A2 present the nation’s progress on meeting the 2025 targets set forth in the STI Plan. Annual targets are based on a linear trend. The baseline year is 2020 for all indicators, except where noted. Please refer to the data source for information on data collection and methodology.

-  Met or exceeded current annual target
-  Moving **toward** annual target, but annual target was not fully met
-  Annual target met, but data is moving away from overall 2025 target
-  Annual target was not met and has not changed or moved **away** from annual target
-  Data not available








**Table A1.** Sexually Transmitted Infections National Strategic Plan Core Indicators

Goal Year	Baseline <sup>a</sup>	2021	2022	2023	2024	2025	Data Source	Status
Data Year	2020	2021	2022	2023	2024	2025		
<b>1. Increase the percentage of adolescents aged 13–17 years who receive the routinely recommended doses of HPV vaccine to 80% by 2025</b>								
Annual Target	51	57	63	69	75	80	NIS-Teen	
Reported Percent	58.6	61.7	62.6					
<b>2. Reduce P&amp;S syphilis rate by 3% by 2025</b>								
Annual Target	13.6	13.5	13.4	13.3	13.3	13.2	NNDSS	
Reported Rate/100,000	12.6	16.2	17.7					
<b>3. Reduce congenital syphilis rate by 15% by 2025</b>								
Annual Target	67.7	66.0	64.3	62.3	60.3	57.6	NNDSS	
Reported Rate/100,000	59.7	77.9	102.5					
<b>4. Reduce gonorrhea rate by 2% by 2025<sup>a</sup></b>								
Annual Target	221.9	220.8	219.7	218.4	217.1	215.3	NNDSS	
Reported Rate/100,000	204.5	214.0	194.4					
<b>5. Increase chlamydia screening in sexually active females aged 16–24 years by 13% by 2025</b>								
Annual Target	58.8	59.7	60.6	62.2	64.1	66.4	HEDIS	
Reported Percent	51.9	52.9	53.4					
<b>6. Reduce PID in females aged 15–24 years by 6% by 2025</b>								
Annual Target	171.6	169.9	168.2	166.1	164.0	161.3	HCUP NEDS	
Reported Rate/100,000								
<b>7. Increase condom use at last sexual intercourse among sexually active high school students by 4% by 2025</b>								
Annual Target	51.3	51.6	51.8	52.3	52.9	53.5	YRBSS	
Reported Percent	54.3	51.8						

<sup>a</sup> Except for indicators 1 and 7, baseline is 2020 and was projected based on trajectory during drafting of the STI Plan. Baseline for indicator 1 is 2018, and baseline for indicator 7 is 2019.

Notes: HCUP NEDS = [Healthcare Cost and Utilization Project Nationwide Emergency Department Sample](#); HEDIS = [Healthcare Effectiveness Data and Information Set](#); NIS-Teen = [National Immunization Survey-Teen](#); NNDSS = [National Notifiable Diseases Surveillance System](#); YRBSS = [Youth Risk Behavior Surveillance System](#).

**Table A2. Sexually Transmitted Infections National Strategic Plan Disparities Indicators**

Goal Year	Baseline <sup>a</sup>	2021	2022	2023	2024	2025	Data Source	Status
Data Year	2020	2021	2022	2023	2024	2025		
<b>8. Reduce P&amp;S syphilis rate in MSM</b>								
Annual Target	461.2	457.7	454.3	450.1	446.0	440.4	NNDSS	
Cases/100,000	402.0	480.1	459.5					
<b>9. Reduce congenital syphilis rate among African Americans/Blacks</b>								
Annual Target	167.5	162.9	158.3	152.8	147.3	139.9	NNDSS	
Rate/100,000	139.7	169.0	214.5					
<b>10. Reduce congenital syphilis rate among American Indians/Alaska Natives</b>								
Annual Target	207.6	201.9	196.2	189.3	182.5	173.3	NNDSS	
Rate/100,000	206.0	385.0	644.7					
<b>11. Reduce congenital syphilis rate in the West</b>								
Annual Target	89.7	87.2	84.7	81.8	78.8	74.9	NNDSS	
Rate/100,000	90.6	110.0	135.6					
<b>12. Reduce gonorrhea rate among African Americans/Blacks</b>								
Annual Target	632.9	628.2	623.5	617.8	612.1	604.5	NNDSS	
Rate/100,000	653.5	653.0	585.9					
<b>13. Reduce gonorrhea rate in the South</b>								
Annual Target	211.3	209.6	207.9	205.8	203.7	201.0	NNDSS	
Rate/100,000	230.8	243.0	224.5					
<b>14. Increase condom use at last sexual encounter among sexually active MSM high school students</b>								
Annual Target	53.8	53.8	54.2	54.9	55.8	56.9	YRBSS	
Percent	52.5	38.5						

<sup>a</sup> Except for indicator 14, baseline is 2020 and was projected based on trajectory during drafting of the STI Plan. Baseline for indicator 14 is 2019.

Notes: HCUP NEDS = [Healthcare Cost and Utilization Project Nationwide Emergency Department Sample](#); HEDIS = [Healthcare Effectiveness Data and Information Set](#); NIS-Teen = [National Immunization Survey-Teen](#); NNDSS = [National Notifiable Diseases Surveillance System](#); YRBSS = [Youth Risk Behavior Surveillance System](#).

# APPENDIX B: STI IMPLEMENTATION WORKING GROUP

The [Sexually Transmitted Infections Federal Implementation Plan](#) was developed by a working group of experts from federal agencies that serve populations at risk for or living with STIs. The implementation working group will continue to meet regularly through 2025 to monitor progress toward indicator targets, capitalize on lessons learned from epidemiological data and research findings, and identify strategies to overcome unexpected obstacles.

## Department of Defense

## Department of Health and Human Services

Administration for Children and Families (ACF)  
Administration for Community Living (ACL)  
Centers for Disease Control and Prevention (CDC)  
Centers for Medicare & Medicaid Services (CMS)  
Food and Drug Administration (FDA)  
Health Resources and Services Administration (HRSA)  
    Bureau of Primary Health Care (BPHC)  
    HIV/AIDS Bureau (HAB)  
Indian Health Service (IHS)  
National Institutes of Health (NIH)  
Office of the Assistant Secretary for Health (OASH)  
Office of Infectious Disease and HIV/AIDS Policy (OIDP)  
Office of Minority Health (OMH)  
Office of Population Affairs (OPA)  
Office on Women's Health (OWH)  
Substance Abuse and Mental Health Services Administration (SAMHSA)

## Department of Housing and Urban Development (HUD)

## Department of Veterans Affairs (VA)



# APPENDIX C: ACRONYMS LIST

ACF	Administration for Children and Families
AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
AST	antimicrobial susceptibility testing
BPHC	Bureau of Primary Health Care (HRSA)
CDC	Centers for Disease Control and Prevention
CDRH	Center for Devices and Radiological Health
CMS	Centers for Medicare & Medicaid Services
COVID-19	Coronavirus Disease 2019
DOD	Department of Defense
DSTD	Division of STD Prevention (CDC)
eCQM	electronic clinical quality measure
EHE	<i>Ending the HIV Epidemic in the U.S. initiative</i>
FDA	Food and Drug Administration
FY	fiscal year
GC	<i>Neisseria gonorrhoeae</i>
HAB	HIV/AIDS Bureau (HRSA)
HHS	U.S. Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HIV	human immunodeficiency virus
HPV	human papillomavirus
HRSA	Health Resources and Services Administration
HUD	U.S. Department of Housing and Urban Development
IHS	Indian Health Service
MAI	Minority AIDS Initiative
MHAF	Minority HIV/AIDS Fund
MIPS	Merit-based Incentive Payment System
NIAID	National Institute of Allergy and Infectious Diseases (NIH)
NIH	National Institutes of Health
NNDSS	National Notifiable Diseases Surveillance System

OASH	Office of the Assistant Secretary for Health
OCR	Office for Civil Rights
OPA	Office of Population Affairs (OASH)
P&S	primary and secondary syphilis
PCHP	Primary Care HIV Prevention
PEP	post-exposure prophylaxis
PID	pelvic inflammatory disease
PrEP	pre-exposure prophylaxis
SAMHSA	Substance Abuse and Mental Health Services Administration
SLRRB	STD Laboratory Reference and Research Branch (CDC)
STD	sexually transmitted disease
STI	sexually transmitted infection
SUD	substance use disorder
VA	U.S. Department of Veterans Affairs
VHA	Veterans Health Administration
YRBSS	Youth Risk Behavior Surveillance System